

Using Hypnosis to Work with Dreams

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Hypnosis and dreams have much in common, as is reflected in our language about them: 'hypnosis' is named for the god of sleep, phrases such as 'dream-like' are scattered through hypnotic inductions and dream actions are sometimes described in words such as 'trance'. Most references to non-pathological 'hallucinations' refer to one or other of these two states. What they have in common is the coming together of the two major human modes of cognition:

1. the emotional, visual, irrational, hallucinatory and intuitive mode of thought that Freud called 'primary process', more recently termed 'right brain' thought (with only a loose relationship to actual hemispheric specialisation)
2. logical, verbal, linear reasoning which Freud called 'secondary process,' now popularised as 'left brain thinking'.

In lucid dreams and deep hypnosis these two processes are most fully manifested and integrated with each other. In a lucid dream the coexistence is achieved by starting in the primary process/hallucinatory mode and introducing secondary process logic, and in deep hypnosis it is achieved by starting from the logical waking state and

introducing hallucinatory imagery. Although normal dreams and lighter hypnotic trances are characterised by more primary process and more secondary process respectively, they still involve a degree of coexistence of both modes not seen in most other states of consciousness — normal waking is mostly secondary process, psychosis is mostly primary process and non-dreaming sleep shows very little of either.

Combining hypnosis and dreamwork — especially for the majority of people, who do not come by either lucid dreams or deep trances easily — may more completely realise the interaction of the two modes of thought. I believe the potential therapeutic effect of this is not that primary process/'right brain', intuitive thinking is inherently wiser (although I realise there are psychology theories, especially dream theories, that do espouse exactly this idea). Rather, I believe that it is a function of how completely this mode is usually ignored, whereas logical thinking is employed *ad nauseam* in attempts to solve the problems of an individual's life. The primary process mode need only become equally valuable in order to contribute significantly to what the rational mode has not yet achieved. And

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when they are working together, there is a feedback loop where the intuitive images are then evaluated by the rational process.

The variety of ways of combining hypnosis and dreamwork for the mutual enhancement of each can be divided into three basic categories:

1. Influencing nocturnal dream content and/or recall by hypnotic suggestion
2. Inducing a 'dream' in the trance state, either as an open-ended suggestion or with the suggestion that they dream about a certain topic
3. Working with previous nocturnal dreams during a hypnotic trance to continue/elaborate on, or explore the meaning of the dream. I will discuss each of these in more detail and illustrate them with clinical and research examples from my own and others' practice.

Influencing Nocturnal Dreams

Research by Charles Tart has found that hypnotic suggestions can influence future nocturnal dream content. Hypnosis can be used to augment the same kind of dream incubation procedures that are used without trance to shape dreaming toward solving a specific problem or for creative inspiration. For example, a painter in one of my hypnosis and dream workshops found that with self hypnotic suggestions to herself at bedtime she could reliably produce dreams of paintings which she replicated awake — phenomena which had occurred spontaneously but rarely for her previously.

Joe Dane demonstrated that hypnotic suggestions can increase the frequency of laboratory verified lucid dreams. Zadra has applied this to inducing lucidity to

alter the content of recurring nightmares or help the dreamer wake up from them.

I have found that it is easier to help someone alter recurring nightmare content towards other forms of mastery via hypnosis than it is to induce lucidity. With trauma patients who have nightmares that replay, at least partially, real events, rehearsal of changes in the dream during hypnosis can be very effective. In trance they practise a different ending to the dream in which they thwart a violent attack, tell off an abuser, remind themselves 'this is not my fault' at some crucial moment, or say 'this doesn't have to happen any more' and wake up. This hypnotic visualisation, combined with the suggestion that at night the dream will happen much as it was 'dreamed' in hypnosis, is often effective in altering even long-standing nightmares.

Many people have also utilised hypnotic and self-hypnotic suggestions for increased dream recall. I often use this process with patients who begin as low dream recallers, using hypnosis both for direct verbal suggestions: 'You will find yourself remembering dreams easily and clearly when you wake up in the morning', and for imagery: picturing oneself finishing a dream, waking up with it clearly in mind as one reaches for a notebook, and watching oneself writing it down — perhaps sketching images from it also. My patients and students have also had good results with learning self-hypnosis and using it for such suggestions to themselves at bedtime.

Dreams in Trance

Many hypnotherapists have utilised suggestions that patients have a 'dream' while in the hypnotic trance itself. This is

even easier to achieve than influencing nocturnal dream content. There has been much controversy about what sort of event such a 'dream' is. Psychoanalysts argue that it is from the unconscious, you have called it a dream, hence it is a dream. Sleep physiologists argue that brain waves during a hypnotic 'dream' look like those of waking ones, not sleeping ones, hence it is not a dream.

In one of my research projects, I compared the content of hypnotic dreams with that of night-time dreams and daydreams. There are several ways in which daydreams and night dreams differ from each other. Most obviously, nocturnal dreams have a more distorted, discontinuous style — the usual meaning of 'dreamlike'. They also have more fear and sadness, are more likely to be set in the past, and contain more family members, more strangers and fewer friends than do daydreams.

Hypnotic dreams from most people fall about half way between night-time dreams and daydreams on all of these dimensions. However hypnotic dreams from unusually hypnotisable people look much more like night-time dreams than like daydreams. So from a theoretical standpoint, each side of the debate appears to have equal merit; but the practical implication of this is that hypnotic dreams have been found similar enough to nocturnal dreams to allow use of many of the techniques developed for work with nocturnal dreams — classic interpretation, Jungian active imagination and Gestalt dialogues all work well with hypnotic dreams.

Hypnotic dreams also have certain advantages over night-time dreams and a broader set of techniques can be used for

this kind of 'dreamwork'. First hypnotic dreams are much easier to remember than night-time dreams. It is possible but unusual to be amnesic for a hypnotic one, whereas we lose the vast majority of our night-time dream content before waking. Hypnotic dreams can also be suggested around a particular topic — about a specific person, symptom, or creative endeavour; night-time dreams can, of course, sometimes be directed on these topics, with effort, but hypnotic dreams almost always comply easily with such parameters. Hypnotic dreams can also be chained to continue a previous one or to interpret more about one other.

One case I worked with illustrates all of three of these principles. The 36-year-old patient — I'll call him George — came in requesting hypnotherapy to treat insomnia. George had begun to feel anxious at bedtime without any apparent cause about two months before and had had great difficulty falling asleep since that time. I taught him self-hypnosis for relaxation at bedtime involving peaceful, soporific scenes of being in favourite places at times when sleep came easily. In some hypnotherapy the entire treatment would consist of fairly direct suggestions such as these and this is often effective by itself. However, I find that using hypnosis to understand the meaning of a symptom usually adds to the effectiveness. In this case it was understanding that led to the cessation of the insomnia.

Although there are many ways of understanding symptoms using hypnosis, the hypnotic dream is one of the most commonly used. With George, once he was in a trance I suggested that he could have a dream about why he was having

trouble falling asleep at night. He first had a dream in which he saw a boy sleeping in a bed by a low window with soft morning light shining on him through translucent curtains. Despite the peaceful images of the scene the watching George felt a sense of dread. An old-fashioned alarm clock went off, ringing loudly, but the boy did not stir. A woman appeared at the door of the room and called out 'wake up', but the boy was remained motionless. The dream then ended abruptly with the patient knowing the boy was dead.

Later, out of trance, George said the floor plan of the room and the low window resembled his childhood home. He then remembered that there had been a time when he was about six when he was afraid to go to sleep because he might die in his sleep, which he had heard of people doing. He talked more about how he used to lie in bed fighting sleep until it finally overtook him. That feeling was similar to his present anxious insomnia, although he no longer had thoughts specifically about death.

In the next session, he reported that when he felt panicked the last few nights, he had found that telling his childhood self that there was no reason he would die in his sleep made the anxiety abate somewhat. However he still had some unhappy feelings and still took longer than desirable to fall asleep. In trance, I told him he could have another dream that would tell him something about why he hesitated to fall asleep at night now and/or in childhood. He dreamed again of a little boy in the same bedroom; this time it was not night and he was not in bed, but rather sitting against the wall crying into his arms. Periodically, he would call out for

someone, and wait, but no one came and he would return to crying softly. This dream ended on this note of terrible, sad aloneness.

George's associations with these images were of indeed having spent a lot of time alone as a child. His fears of death at that age were mainly of death as the ultimate, permanent aloneness. This death/aloneness equation is common in children of this age, who find it harder to imagine their own internal cognition ceasing than the cessation of contact with the outer world. Typically, George had pictured being dead as being buried in a coffin under the earth as a wakeful, lonely corpse. This sort of childhood image is probably the basis for the recurring theme so common to horror stories and B-films of being 'buried alive'.

George connected the dream and memories to the fact that he had been sleeping alone during the last 18 months. For the last three — about the period of the insomnia — he had also had much less interaction with other people during either his work time or his social hours, adding to how lonely he felt at night. His insomnia completely abated after this session although we continued to use hypnotherapy to explore his feelings of isolation and to provide images via hypnotic dreams of ways he could re-establish social ties.

Continuing or Interpreting Nocturnal Dreams in a Trance State

Hypnosis can be used in ways much like Jung's technique of 'active imagination' to continue or elaborate on parts of a

nocturnal dream. Trance, by comparison with doing these exercises awake, often heightens the experiential vividness of such experiences or the ability to contact unconscious parts of the self. With hypnosis one can re-enter the dream and replay parts that are vague or forgotten — I wouldn't assume they always recreate the original accurately, but the material is usually quite significant even if it is actually new. One can take a dream that seemed to terminate prematurely and suggest that it continue. This will result in an experience much like the hypnotic 'dreams' described above, except that it will tend to take a course that the unconscious has begun the night before, rather than being chosen by the waking ego of the dreamer or hypnotherapist.

Hypnosis can also be used for even more direct interpretation of nocturnal dreams. Upon hypnotically re-entering the dream scene, the dreamer can ask characters: 'who are you?', 'what do you represent?', 'what are you trying to tell me?'. They can look around a scene and ask: 'what is this place?' or 'what real-life setting does this resemble?' Often quite unexpected yet crystal-clear answers come more directly than when pondering these questions from the more usual conscious 'left brain'/secondary process mode.

A woman in one of my workshops, Marge, chose to work in this manner with a brief but vivid nightmare about her husband who had died six months previously. In the dream, Marge was in her house doing minor domestic tasks when the doorbell rang. She went to the door and opened it; there stood her dead husband. At this point she awakened in terror. Marge suffered both fright and an intensi-

fication of grief for some time after this dream. Many bereaved people dream of lost loved ones, but usually these dreams are anywhere from bittersweet to deeply comforting to the dreamer. The few frightening dreams about someone who has been much loved often contain some obvious element of the deceased beckoning the dreamer to join them in death. Marge's nightmare did not seem to have this element and she did not immediately know what it was about the dream image or her feelings about her husband that had made it so terrifying.

In trance, I directed Marge to re-enter the dream and instead of waking up at the crucial point, to ask the dream character who he was. Despite the obvious identification as her husband (characters usually give a rich array of answers that augment rather replace the obvious identity) Marge's husband said 'I am joy.' She was then instructed to ask what he had come to tell or show her, and he said 'You can be joy, too.' I then suggested she could interact with him or continue the dream in another way until it felt concluded. She proceeded to dance with him and then, bidding goodbye, to go on dancing by herself before the dream ended.

Marge woke up smiling and began to relate a group of associations to the dream content to do with having always thought of her husband as the carefree, easy-going one in the marriage who knew how to enjoy himself and brought joy into her life. She realised that, in addition to the immense loss of him, she had been feeling that her own capacity to have fun had gone with him. She felt that the dream's image had given her the ability to have fun for herself in the future.

Concluding Remarks

Although the content of Marge's dream continuation was very simple, its significance lay in its powerful emotional immediacy for her. This is usually the most important aspect of primary process/'right-brain' imagery, not the intricacy of the understanding. As was noted in the beginning of this article, most of the benefit of dreamwork, hypnosis, or their combination probably lies in the fact that this primary process mode is usually under-utilised; by adding it to the important but already well-exercised 'secondary process'/right brain approach, we maximise the psyche's resources.

There may also be limited specific ways in which primary process imagery can be uniquely beneficial by itself and for which secondary process has no equivalent; vivid, emotionally connected imagery, as opposed to other forms of suggestion or ways of thinking about problems, seems to have some special ability to instigate change, training waking behaviour and even the body's physiological process to follow what has been imagined. Hypnosis and dreams both supply this powerful rehearsal of alternative ways of being. The combination of both yields the most flexibility for directing this imagery in the direction of desired change.

Further Reading

Deirdre Barrett, 'The Hypnotic Dream: Its Relation to Nocturnal Dreams and Waking Fantasies', *Journal of Abnormal Psychology* 88, 1979

Deirdre Barrett, 'Through a Glass Darkly: Images of The Dead in Dreams', *Omega: The Journal of Death and Dying* 24, 1992

Joe Dane, 'Comparison of Waking Instructions and Post-Hypnotic Suggestions for Lucid Dream Induction', Dissertation, 1985, Georgia State University

Charles Tart, 'A Comparison of Suggested Dreams Occurring in Hypnosis and Sleep', *International Journal of Clinical and Experimental Hypnosis* 12, 1964

A. Zadra, 'Recurrent Dreams: Their Relation to Life Events and Well-Being', in Deirdre Barrett (ed.), *Trauma and Dreams*, Harvard University Press, 1995

